

DOC NO  
REC'D/FILED

2014 SEP 29 AM 9:59

UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WISCONSIN

14 C 661

SAMUEL HAYWOOD MYLES,  
PLAINTIFF,

PEITION -

Come now Plaintiff Samuel Haywood Myles, before and within The United States District Court For The Western District of Wisconsin.

Come now Plaintiff Samuel Haywood Myles, and Federal Inmate that's currently incarcerated at Federal Correctional Institution Milan.

Come now Plaintiff Samuel Haywood Myles before and within The United States District Court where respectfully filing and Application to proceed without prepayment of fees and Affidavit Under and pursuant to 28 U.S.C. 31915.

Within the body of the Application and Affidavit the District Court is requesting that the institution of incarceration to assist Plaintiff with and six month financial statement from Plaintiff Inmate Account.

Plaintiff seek and (copy) of his institutional financial statement showing at least the past six months' transactions first from the Case Manager who would request that I speak with Administration regarding and copy of my financial statement only to be refuse only to be in from that Inmate's can use the Inmate computers to seek the information in question.

Plaintiff alone with and second Inmate that's let operate in using the computer who would personally assist Plaintiff in regard to Plaintiff printing and copy of his six month financial statement as requested within the body of the Application and Affidavit.

Plaintiff would be inform that their may be and error or (two) within the body of the financial statement it's self and that this document may not whole up the standard of the District Court, so at this particular time due to Plaintiff Samuel Haywood Myles, unable to contain the information in question Plaintiff is filing this Petition requesting that the District Court to contact the institution only to request and copy of Plaintiff institutional financial statement for the past six months.

## UNITED STATES DISTRICT COURT

United States District Court District of The Western District of Wisconsin

SAMUEL HAYWOOD MYLES

Plaintiff

V.

Medical Staff Doctor Ravibapta  
Unknown Name Pharmacist + Beth  
In His/her Individual Capacity  
and Official Defendant Capacity  
et. al.APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

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2014 SEP 29 AM 8:59  
PETER OPPER  
FBI US DIST  
WD OF WII, Samuel Haywood Myles declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?
- ☒
- Yes
- ☐
- No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Federal Correctional Institution MilanAre you employed at the institution? yes Do you receive any payment from the yes

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?
- ☒
- Yes
- ☐
- No

- a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

\$11.22 a monthFederal Correctional Institution Milan  
P.O. Box 9999Milwaukee, Michigan 48126

- b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

September 24 2014  
Date

Samuel Howard Myler  
Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**FINANCIAL AFFIDAVIT****IN SUPPORT OF REQUEST FOR ATTORNEY EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE**☐ IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT

LOCATION NUMBER

IN THE CASE OF

Samuel Haywood MylesV. Doctor Revi Gupta  
Unknown Name Pharmacist  
et al.

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable &amp; check box)

☒ Felony  
☐ MisdemeanorREC'D/FILED  
2014 SEP 29 AM 9:59  
FOR PETER OPPENHEIM  
CLERK US DIST COURT  
AT W.D. OF WI

- 1 ☐ Defendant - Adult  
 2 ☐ Defendant - Juvenile  
 3 ☐ Appellant  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☒ Other 1923 B7VEN3

DOCKET NUMBERS

MAGISTRATE

DISTRICT COURT

COURT OF APPEALS

**ANSWER TO QUESTIONS REGARDING ABILITY TO PAY**

ASSETS

EMPLOY-  
MENTAre you now employed? ☒ Yes ☐ No ☐ Am Self-EmployedName and address of employer: Federal Correctional Institution Milan

IF YES, how much do you IF NO, give month and year of last employment

earn per month? \$ 11.24 How much did you earn per month? \$If married is your spouse employed? ☐ Yes ☐ No

IF YES, how much does your If a minor under age 21, what is your Parents or

Spouse earn per month? \$ Guardian's approximate monthly income? \$

OTHER  
INCOMEHave you received within the past 12 months any income from a business, professional or other form of self-employment, or in the form of rent payments, interest, dividends, retirements or annuity payments, or other sources? ☐ Yes ☒ No

IF YES, GIVE THE AMOUNT

RECEIVED &amp; IDENTIFY

THE SOURCES

RECEIVED

SOURCES

\$

\$

\$

CASH

Have you any cash on hand or money in savings or checking accounts? ☐ Yes ☒ No IF YES, State total amount \$PROP-  
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ No

Value

IF YES, GIVE THE VALUE AND \$

DESCRIBE IT

\$

\$

OBLIGA-  
TIONS &  
DEBTS

MARITAL STATUS

Total

List persons you actually support and your relationship to them

Dependants

☐ Married ☐ Single☒ Separated or Divorced☐ WidowedDEBTS &  
MONTHLYBILLS (list all creditors,  
including banks, loan  
Companies, chargeAPARTMENT  
OR HOME NA

Creditors

Total Debt

Monthly Payment

\$

\$

\$

\$

\$

\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) September 24 2014SIGNATURE OF PLAINTIFF Samuel Haywood Myles  
(OR PERSON REPRESENTED)